

Youth Firesetter Intervention Program, School Referral Form

Fax Completed Form to Phoenix Fire Department **602-495-5515**

Date: _____
Referring School: _____ School District: _____
Contact Person: _____ Phone # _____ Fax # _____
Child's Name: _____
DOB: _____ Age: _____ Sex: _____ Grade in School: _____
Parent/Guardian: _____ Relationship: _____
Mailing Address: _____ City: _____ Zip: _____
Phone (H): _____ (W): _____ (Message): _____
Does Child Have A.D.D., A.D.H.D. or other mental health diagnosis ? _____
Was Parent/Guardian Notified ? _____ By Whom ? _____ When ? _____
Was The School Counselor/Intervention Specialist Notified ? _____ When ? _____
Was the School Resource Officer (SRO) Notified ? _____ Is There a SRO ? _____
What Type of School Discipline Will the Child Receive ? _____
Is Mandatory attendance At a Firesetter Class Part of That Discipline ? _____

Fire Incident Information

What did the student use to start the fire (matches, lighter, etc.) _____
How Did the Child Obtain These Items? _____
Location of Incident: _____ Date _____ Incident# _____
Was Child Alone or With Others in Fire Incident ? _____
Names of Others Involved: _____
Were The Others Referred to the Firesetter Program ? _____
How Was the Incident Brought To Attention of School ? _____
Signature of School Official Making Referral: _____
I am the Parent/Guardian of _____ and I Give Permission For
_____ School to Release This Information to the Phoenix
Fire Department, for enrolling my child in the Firesetter Educational Program. (Parent's Signature)
_____ Date _____

Please write a brief synopsis of the firesetting event
